



DFW

Docket No. 7156/52427-AB/JPW/GJG/DNS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Don Fishbein
 Serial No. : 10/799,197 Examiner: Amy A. Lewis
 Filed : March 12, 2004 Group Art Unit: 1614
 For : USE OF OXANDROLONE IN THE TREATMENT OF BURNS AND OTHER WOUNDS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 21, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	16 -	* 20 =	*** 0 X	\$25	\$50	=		0
Indepen- -dent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u> X </u> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE \$ 0.00				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☒ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No ☒

and a fee of \$ 180.00 included)

☒ A Petition for an Extension of Time, including a fee of
\$ 1020.00 for a Petition for 3 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 1200.00.

☒ A check in the amount of \$ 1200.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 11/21/05
Gary J. Gershik Date
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